

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANT(S): Joseph P. Orban III

EXAMINER: Anuradha Roy


SERIAL NO.: 10/508,445

GROUP: Art Unit 3736

FILED: September 16, 2004

DATED: July 20, 2006

TITLE:

MINIMALLY INVASIVE REMOVAL DEVICE
WITH BREAKAWAY SHEATH


Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT TRANSMITTAL FORM

Sir:

Transmitted herewith is an Amendment in the above-identified application.

☐ Applicant claims small entity status of this application under 37 C.F.R. 1.27☒ No additional fee is required.

The fee has been calculated as shown below:

| (Col. 1) | | (Col. 2) | | (Col. 3) | SMALL ENTITY | | OR | OTHER THAN A SMALL ENTITY | |
|---|-------|---|---|------------------|--------------|--------------|----|------------------------------|--------------|
| CLAIMS REMAINING AFTER AMENDMENT | | HIGHEST NUMBER PREVIOUSLY PAID FOR | | PRESENT EXTRA | RATE | ADDL. FEE | | RATE | ADDL. FEE |
| TOTAL * 32 | MINUS | ** 32 | = | 0 | x 25= | \$ | | x 50= | \$ |
| INDEP. * 4 | MINUS | *** 4 | = | 0 | x 100= | \$ | OR | x 200= | \$ |
| | | | | | x 180= | \$ | | x 360= | \$ |
| | | | | | TOTAL | \$ 0.00 | | TOTAL | \$ 0.00 |

☐ FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS

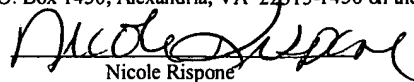
* If the entry in Column 1 is less than the entry in Column 2, write "0" in Column 3.

** If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" in this space is less than 20, write "20" in this space.

*** If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" in this space is less than 3, write "3" in this space. The "HIGHEST NUMBER PREVIOUSLY PAID FOR" (Total or Independent) is the highest number found from the equivalent box in Column 1 of a prior amendment or the number of claims originally filed.

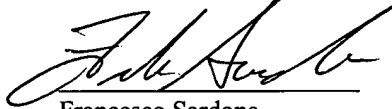
CERTIFICATE OF MAILING UNDER 37 C.F.R. §1.8(a)

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail, postpaid in an envelope, addressed to: Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Dated: July 20, 2006

Nicole Rispone

- ☐ Please charge Deposit Account No. 21-0550 in the amount of \$. Two (2) copies of this sheet are enclosed.
- ☐ A check in the amount of \$ is enclosed.
- ☒ Please charge any deficiency as well as any other fee(s) which may become due under 37 C.F.R. § 1.16 and/or 1.17 at any time during the pendency of this application, or credit any overpayment of such fee(s) to Deposit Account No. 21-0550. Also, in the event any extensions of time for responding are required for the pending application(s), please treat this paper as a petition to extend the time as required and charge Deposit Account No. 21-0550 therefor. TWO (2) COPIES OF THIS SHEET ARE ENCLOSED.

Respectfully submitted,



Francesco Sardone

Reg. No.: 47,918

Attorney for Applicant(s)

Carter, DeLuca, Farrell & Schmidt, LLP

445 Broad Hollow Road - Suite 225

Melville, New York 11747

Tel.: (631) 501-5700

Fax: (631) 501-3526

FS/nr



PATENT
Attorney Docket 2786 (203-3098 PCT US)

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| | |
|---|------------------------|
| Applicant: Joseph P. Orban III | Examiner: Anuradha Roy |
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| For: MINIMALLY INVASIVE REMOVAL DEVICE WITH BREAKAWAY SHEATH | |

Mail Stop: Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-4150

AMENDMENT "A"

Sir:

In response to the Office Action mailed April 20, 2006, please consider the following amendment and remarks:

Amendments to the Specification begin on page 2 of this paper.

Amendments to the Claims are reflected in the listing of claims which begins on page 4 of this paper.

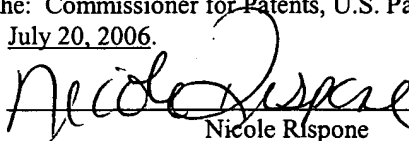
Amendments to the Drawings begin on page 9 of this paper and include an attached replacement sheet.

Remarks begin on page 10 of this paper.

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